Guidelines for OVHA Coverage

ITEM: Pressure Reducing Support Surfaces (Mattresses)

DEFINITIONS:
Pressure Reducing Support surfaces: A mattress or mattress overlay which provides an individual in a hospital bed with support and pressure relief.

GUIDELINES:
Group 1 support surfaces: For beneficiaries who:

- Are completely immobile OR
- Have limited mobility AND impaired nutritional status, incontinence, altered sensation, compromised circulatory status, and exposure to shear and/or friction forces, which can be documented by use of the Braden Scale, OR
- Have any stage pressure ulcer AND impaired nutritional status, incontinence, altered sensation, or compromised circulatory status.

APPLICABLE CODES:

A4640 Replacement pad for alternating pressure pad owned by patient

E0180 Pressure pad, alternating, with pump. The device is characterized by ALL of the following: 1) an air pump or blower which provides either sequential inflation and deflation of air cells or a low interface pressure throughout the overlay AND 2) inflated cell height of the air cells through which air is being circulated is 2.5" or greater AND 3) a height of air chambers, proximity of chambers to one another, frequency of air cycling (for APP overlays) and air pressure provide adequate patient lift, reduce pressure and prevent bottoming out.

E0181 Pressure pad, alternating, with pump, heavy duty. The device is characterized by ALL of the following: 1) an air pump or blower which provides either sequential inflation and deflation of air cells or a low interface pressure throughout the overlay AND 2) inflated cell height of the air cells through which air is being circulated is 2.5" or greater AND 3) a height of air chambers, proximity of chambers to one another, frequency of air cycling (for APP overlays) and air pressure provide adequate patient lift, reduce pressure and prevent bottoming out.

E0182 Pump for alternating pressure pad. This is a replacement component for E0180 or E0181.

E0184 Dry pressure mattress. This device is characterized by ALL of the following: 1) foam 5" or greater AND 2) durable waterproof cover AND 3) can be placed directly on a hospital bed frame.

E0185 Gel or gel-like pressure pad for mattress, standard mattress length and width. This device is a nonpowered pressure reducing overlay, to be placed on top of a standard hospital or home mattress.

E0186 Air pressure mattress. This device is characterized by ALL of the following: 1) height of 5"or greater of the air, water, or gel layer, AND 2) durable waterproof cover, AND 3) can be placed directly on a hospital bed frame.

E0187 Water pressure mattress. This device is characterized by ALL of the following: 1) height of 5"or greater of the air, water, or gel layer, AND 2) durable waterproof cover, AND 3) can be placed directly on a hospital bed frame.
E0188 NOT COVERED
E0190 NOT COVERED
E0196 Gel pressure mattress. This device is characterized by ALL of the following: 1) height of 5"or greater of the air, water, or gel layer, AND 2) durable waterproof cover, AND 3) can be placed directly on a hospital bed frame.
E0197 Air pressure pad for mattress, standard mattress length and width. This device is characterized by interconnected air cells that are inflated with an air pump to a filled height of 3" or greater. It is a nonpowered pressure reducing overlay to be placed on top of a standard hospital or home mattress.
E0198 Water pressure pad for mattress, standard mattress length and width. This is a nonpowered pressure reducing overlay to be placed on top of a standard hospital or home mattress.
E0199 Dry pressure pad for mattress, standard mattress length and width. This is a device that is characterized by ALL of the following: 1) base thickness of 2" or greater and peak height of 3"or greater if it is convoluted overlay or an overall height of at least 3" if it is a nonconvoluted overlay, AND 2) the foam has a density and other qualities that provide adequate pressure reduction, AND 3) a durable, waterproof cover.

To check coding for specific brands, go to www.palmettogba.com.

REQUIRED DOCUMENTATION:
Current, complete Certificate of Medical Necessity.

Supporting documentation from physician, physician assistant, nurse, or physical therapist who has evaluated the beneficiary within the past 2 months, demonstrating that the beneficiary is completely immobile OR has limited mobility and impaired nutritional status, incontinence, altered sensation, compromised circulatory status, and exposure to shear and/or friction forces, which can be documented by use of the Braden Scale, OR has any stage pressure ulcer and impaired nutritional status, incontinence, altered sensation, or compromised circulatory status.

Group 2 support surfaces: For beneficiaries who:

- Have multiple stage II pressure ulcers located on the trunk or pelvis AND have been on a comprehensive ulcer treatment program for at least the past month, including the use of a group 1 support surface AND the ulcers have stayed the same or worsened, OR
- Have large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis OR
- Have had a recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis within the past 60 days AND have been on a group 2 or 3 support surface immediately before discharge from a hospital or nursing facility OR
- Have limited mobility AND impaired nutritional status, incontinence, altered sensation, compromised circulatory status, and exposure to shear and/or friction forces, which can be documented by use of the Braden Scale.

The comprehensive ulcer treatment mentioned above should include (and be demonstrated by supporting documentation): beneficiary/caregiver education, regular comprehensive assessment by an appropriate health practitioner, appropriate turning and positioning, appropriate wound care, appropriate management of incontinence and moisture, appropriate nutritional management, appropriate mobility techniques to prevent shear and friction forces, appropriate protection of all bony prominences, appropriate pressure reduction on all non-bed surfaces the beneficiary encounters (for example, commode, wheelchair, recliner).

APPLICABLE CODES:

E0277 Powered pressure reducing air mattress. This is an alternating pressure, low air loss, or powered flotation without low air loss device which is characterized by ALL of the following: 1) an air pump or blower which provides either sequential inflation and deflation of the air cells or a low interface pressure throughout the mattress AND 2) inflated cell height of the air cells through which air is being circulated is 5" or greater AND 3) height of the air chambers, proximity of the air chambers to one another, frequency of air cycling (for APP's) and air pressure provide adequate patient lift, reduce pressure and prevent bottoming out and 4)a surface designed to reduce friction and shear AND 5)can be placed directly on a hospital bed frame.

E0371 Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width. This device is characterized by ALL of the following: 1) height and design of individual cells which provides significantly more pressure reduction than a group 1 overlay and prevent bottoming out AND 2) total height of 3" or greater AND 3) a surface designed to reduce friction and shear AND 4) documented evidence to substantiate that the product is effective for the treatment of conditions described by the coverage criteria for group 2 support surfaces.

E0372 Powered air overlay for mattress, standard mattress length and width. This device (low air loss, powered flotation without low air loss, or alternating pressure) which is characterized by ALL of the following: 1)) an air pump or blower which provides either sequential inflation and deflation of the air cells or a low interface pressure throughout the overlay AND 2) inflated cell height of the air cells through which air is being circulated is 3.5" or greater AND 3) height of the air chambers, proximity of the air chambers to one another, frequency of air cycling (for APP's) and air pressure provide adequate patient lift, reduce pressure and prevent bottoming out AND 4) a surface designed to reduce friction and shear.

E0373 Nonpowered advanced pressure reducing mattress. This device is characterized by ALL of the following: 1) height and design of individual cells which provide significantly more pressure reduction than a group 1 mattress and prevent bottoming out AND 2) total height of 5" or greater AND 3) a surface designed to reduce friction and shear AND 4) documented evidence to substantiate that the product is effective for the treatment of conditions described by the coverage criteria for group 2 support surfaces AND 5)can be placed directly on a hospital bed frame.

To check coding for specific brands, go to www.palmettogba.com.

REQUIRED DOCUMENTATION:

Current, complete Certificate of Medical Necessity.

Supporting documentation from physician, physician assistant, nurse, or physical therapist who has evaluated the beneficiary within the past 2 months, demonstrating that the beneficiary has multiple stage II pressure ulcers located on the trunk or pelvis AND has been on a comprehensive ulcer treatment program for at least the past month, including the use of a group 1 support surface AND the ulcers have stayed the same or worsened, OR has large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis OR has had a recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis within the past 60 days AND has been on a group 2 or 3 support surface immediately before discharge from a hospital or nursing facility OR has limited mobility AND impaired nutritional status, incontinence, altered sensation, compromised circulatory status, and exposure to shear and/or friction forces, which can be documented by use of the Braden Scale.

The documentation of comprehensive ulcer treatment mentioned above should include demonstration of: beneficiary/caregiver education, regular comprehensive assessment by an appropriate health practitioner, appropriate turning and positioning, appropriate wound care, appropriate management of incontinence and moisture, appropriate nutritional management, appropriate mobility techniques to prevent shear and friction forces, appropriate protection of all bony prominences, appropriate pressure reduction on all non-bed surfaces the beneficiary encounters (for example, commode, wheelchair, recliner).

Codes E0371 and E0373 require documented evidence from the manufacturer to substantiate that the product is effective for the treatment of conditions described by the coverage criteria for group 2 support surfaces.

Group 3 support surfaces: For beneficiaries who:

- Have a stage III or IV pressure ulcer AND
- Are bedridden or chair bound AND
- Require institutionalization in the absence of the group 3 support surface AND
- Have not succeeded in progression toward healing despite a month of conservative treatment including frequent repositioning, use of a group 2 support surface, treatment to resolve any wound infection, optimization of nutrition, debridement of devitalized tissue, maintenance of a clean, moist wound bed with appropriate dressings, caregiver education, assessment by an appropriate health care practitioner, incontinence management, appropriate mobility techniques to prevent shear and friction forces, appropriate protection of all bony prominences, appropriate pressure reduction on all non-bed surfaces the beneficiary encounters (for example, commode, wheelchair, recliner) AND
- A trained, adult caregiver is available to assist the individual with activities of daily living, fluid balance, skin care, repositioning, recognition and management of altered mental status, dietary needs, prescribed treatments, and management and support of the group 3 device and its problems, such as leakage AND
- Have physician' orders for the group 3 device.

APPLICABLE CODES:
E0194 Air fluidized bed. This is a device employing the circulation of filtered air through silicone coated ceramic beads creating the characteristics of fluid.

REQUIRED DOCUMENTATION:
Current, complete Certificate of Medical Necessity.

Supporting documentation provided by a physician, physician assistant, nurse, or physical therapist who has evaluated the beneficiary within the past 2 months, demonstrating that the beneficiary has a stage III or IV pressure ulcer AND is bedridden or chair bound AND would require institutionalization in the absence of the group 3 support surface AND has not succeeded in progression toward healing despite a month of conservative treatment including frequent repositioning, use of a group 2 support surface, treatment to resolve any wound infection, optimization of nutrition, debridement of devitalized tissue, maintenance of a clean, moist wound bed with appropriate dressings, caregiver education, assessment by an appropriate health care practitioner, incontinence management, appropriate mobility techniques to prevent shear and friction forces, appropriate protection of all bony prominences, appropriate pressure reduction on all non-bed surfaces the beneficiary encounters (for example, commode, wheelchair, recliner) AND that a trained, adult caregiver is available to assist the individual with activities of daily living, fluid balance, skin care, repositioning, recognition and management of altered mental status, dietary needs, prescribed treatments, and management and support of the group 3 device and its problems, such as leakage.

CAUTIONS: Excellent skin care and comprehensive evaluation and treatment are the first line of defense against pressure. No device can ever take the place of proper care. No matter what support surface is used, the individual will continue to require excellent skin care, ongoing evaluation and treatment, including: frequent turning and repositioning, appropriate wound care, appropriate mobility techniques to minimize shear and friction forces, appropriate pressure reduction on all non-bed surfaces, incontinence management, optimization of nutritional status, resolution of wound infection, and debridement of devitalized tissue.

Significant caution should be used with products that allow the beneficiary to “bottom out”: compress the material so that it does not have any pressure reducing effect. This should be evaluated by placing the hand beneath the device, under a bony prominence.
Caution should also be used with devices that do not have waterproof covers, particularly with incontinent individuals or those with draining lesions.

An air fluidized bed is contraindicated for a beneficiary with pulmonary disease because of lack of firm support for effective coughing and because of the thickening of pulmonary secretions from the dry air. There is disagreement in the literature about the drying effect of moist dressings on an air fluidized bed, so caution should be exercised when the moist dressing is not covered with an occlusive cover dressing. The structural strength and electrical system’s capacity in the location where the air fluidized bed will be used should be considered. The bed weighs 1600 lbs.

EXAMPLES OF DIAGNOSES: Any diagnosis which results in the immobility of the individual to the extent that pressure ulcers develop. These include neurological diagnoses such

as multiple sclerosis, amyotrophic lateral sclerosis, severe stroke, spinal cord injury, and traumatic brain injury; orthopedic diagnoses such as severe rheumatoid arthritis, cardiopulmonary diagnoses such as severe cardiomyopathy, and other diagnoses that result in immobility, such as Alzheimer's disease and catatonia.

REFERENCES:

Complete Guide to Medicare Coverage Issues. St. Anthony Press, Nov 2001. Ingenix Inc., Reston, VA.

Regional Medical Review Policies, Tricenturion, LLC, Columbia SC. www.tricenturion.com.

Krasner, D. Chronic Wound Care, Third Edition. HMP Communications, Wayne, PA, 2001.

Support Surfaces. www.palmettogba.com.

Medical Director's signature:

OVHA Director's signature:

Date:
Revision 1:
Revision 2:
Revision 3: